

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



January 5, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-91

DISENROLLMENT FROM MEDI-CAL HEALTH CARE PLANS

The purpose of this letter is to clarify the policy regarding disenrollment from a Medi-Cal health care plan.

Medi-Cal beneficiaries who are dissatisfied with their health care plan must first directly contact the plan either in person or by telephone to request a disenrollment form.

If requested by telephone, a form is sent directly to the beneficiary to be completed, signed, and returned to the plan for processing. Beneficiaries who enroll in health care plans receive a membership services guide within seven days of the date of Medi-Cal eligibility. The guide includes information regarding the plan's telephone number, office location, and hours that plan staff are available to handle grievances and disenrollments.

If the beneficiary complains of repeated unsuccessful attempts to disenroll from a health care plan, the county eligibility worker or the beneficiary may contact enrollment and disenrollment technician at the State Department of Health Services, Medi-Cal Managed Care Division (Financial and Membership Services Unit) using any of the following numbers:

(916) 657-0317
(916) 657-0306

(916) 657-0315
(916) 657-3645

NOTE: This process should only be used after all other attempts to disenroll through the plan have failed.

Enclosed is a listing of all Medi-Cal health care plans with addresses and membership phone numbers for directing the beneficiary to the proper plan.

If you have any questions concerning this letter, please contact Ms. Anna Tenderella of the Medi-Cal Managed Care Division at (916) 657-4443.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

PLAN CODE	PLAN NAME	PLAN ADDRESS (MAIN OFFICE)	MEMBERSHIP SERVICES PHONE NUMBER	PLAN CODE
2	CIGNA	505 North Brand Blvd. Glendale, CA 91203	(800) 344-0557	2
3	FHP, Inc.	18000 Studebaker Rd., 9th Floor Cerritos, CA 90701	(800) 451-4915	3
5	FHP, Inc.	18000 Studebaker Rd., 9th Floor Cerritos, CA 90701	(800) 451-4915	5
6	Foundation Health Plan	333 S. Arroyo Parkway Pasadena, CA 91105	(818) 683-6300	6
12	Watts/United Health Plan	3405 W. Imperial Hwy Inglewood, CA 90303	(310) 671-3465	12
18	Universal Care	1600 E. Hill Street Signal Hill, CA 90806	(800) 635-6668	18
19	Universal Care	1600 E. Hill Street Signal Hill, CA 90806	(800) 635-6668	19
28	Kaiser Foundation (South)	393 East Walnut Pasadena, CA 91188-8324	Call Local Kaiser Office	28
29	Community Health Group	4380 Olney Valley Road, Suite 205 Chula Vista, CA 92011	(619) 422-0422	29
32	Watts/United Health Plan	3405 W. Imperial Hwy Inglewood, CA 90303	(310) 671-3465	32
35	Watts/United Health Plan	3405 W. Imperial Hwy Inglewood, CA 90303	(310) 671-3465	35
36	Watts/United Health Plan	3405 W. Imperial Hwy Inglewood, CA 90303	(310) 671-3465	36
45	Contra Costa Health Plan	595 Center Ave., Suite 100 Martinez, CA 94553	(510) 313-6072	45
55	Orlok Senior Health Services	1441 Powell Street San Francisco, CA 94133	(415) 989-2578	55
66	Foundation Health Plan	333 S. Arroyo Parkway Pasadena, CA 91105	(818) 683-6300	66
67	Foundation Health Plan	333 S. Arroyo Parkway Pasadena, CA 91105	(818) 683-6300	67
68	Foundation Health Plan	333 S. Arroyo Parkway Pasadena, CA 91105	(818) 683-6300	68

PLAN CODE	PLAN NAME	PLAN ADDRESS (MAIN OFFICE)	MEMBERSHIP SERVICES PHONE NUMBER	PLAN CODE
76	Kaiser Foundation (South)	393 East Walnut Street Pasadena, CA 91188-8324	Call Local Kaiser Office	76
77	Kaiser Foundation (South)	393 East Walnut Street Pasadena, CA 91188-8324	Call Local Kaiser Office	77
78	Kaiser Foundation (South)	393 East Walnut Street Pasadena, CA 91188-8324	Call Local Kaiser Office	78
79	Kaiser Foundation (South)	393 East Walnut Street Pasadena, CA 91188-8324	Call Local Kaiser Office	79
80	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	80
81	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	81
82	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	82
84	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	84
85	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	85
86	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	86
87	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	87
90	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	90
98	Comm Health Plan/LA County	313 N. Figueroa Street, 6th floor West Los Angeles, CA 90012	(213) 240-8165	98
101	Kaiser Foundation (North)	1950 Franklin Street, 15th floor Oakland, CA 94604-12916	Call Local Kaiser Office	101
200	SCAN	521 East Fourth Street Long Beach, CA 90802		200
201	SCAN	521 East Fourth Street Long Beach, CA 90802		201
202	SCAN	521 East Fourth Street Long Beach, CA 90802		202

PLAN CODE	PLAN NAME	PLAN ADDRESS (MAIN OFFICE)	MEMBERSHIP SERVICES PHONE NUMBER	PLAN CODE
203	SCAN	521 East Fourth Street Long Beach, CA 90802		203
502	Santa Barbara Health Initiative	720 Santa Barbara Street, Suite B Santa Barbara, CA 93101	(800) 421-2560	502
503	Health Plan of San Mateo	1500 Fashion Island Blvd., Suite 300 San Mateo, CA 94404	(800) 750-4776	503
601	San Francisco City & Co.	3450 Third Street, Bldg. 1A San Francisco, CA 94124		601
803	ProCare	2525 Camino Del Rio South, Suite 300 San Diego, CA 92108	(800) 933-6601	803
804	Molina Medical Centers	One Golden Shore Dr. Long Beach, CA 90802	(800) 526-8196	804
805	Primary Care Medical Group	509 South I Street, Suite A Madera, CA 93637	(209) 673-9020	805
809	W. Jayasinghe, M.D./LAMC	2010 Wilshire Blvd., Suite 706 Los Angeles, CA 90057	(213) 483-2636	809
811	Alpha	301 North Prairie Avenue, Suite 415 Los Angeles, CA 90301	(213) 732-3030	811
812	California Family Care (So.)	11722 S. Wilmington Ave. Los Angeles, CA 90059	(213) 249-7608	812
813	Cal-Care Medical Group	500 West Willow Street Long Beach, CA 90806	(310) 427-1700	813
815	Comm Amb Care/Comm Care +	3131 Santa Anita Ave El Monte, CA 91733-3067	(818) 575-1997	815
820	Practicare	2707 South Central Avenue Los Angeles, CA 90011	(818) 353-4867	820
821	Affiliated Physicians Medical Group	1900 Tyler Ave., Suite C-168 S. El Monte, CA 91733	(818) 448-8175	821
822	California Health Centers (Formerly Panorama)	8215 Van Nuys Blvd., Suite 106 Panorama City, CA 91402	(818) 901-1444	822
825	ProCare	2525 Camino Del Rio South, Suite 300 San Diego, CA 92108	(800) 933-6601	825
826	Cohen/Tower Health Services	13737 Artesia Boulevard Cerritos, CA 90701	(310) 926-6662	826

PLAN CODE	PLAN NAME	PLAN ADDRESS (MAIN OFFICE)	MEMBERSHIP SERVICES PHONE NUMBER	PLAN CODE
831	ProCare	2525 Camino Del Rio South, Suite 300 San Diego, CA 92108	(800) 933-6601	831
832	ProCare	2525 Camino Del Rio South, Suite 300 San Diego, CA 92108	(800) 933-6601	832
833	ProCare	2525 Camino Del Rio South, Suite 300 San Diego, CA 92108	(800) 933-6601	833
834	ProCare	2525 Camino Del Rio South, Suite 300 San Diego, CA 92108	(800) 933-6601	834
836	Cohen/Tower Health Services	13737 Artesia Boulevard Cerritos, CA 90701	(310) 926-6662	836
838	Cohen/Tower Health Services	13737 Artesia Boulevard Cerritos, CA 90701	(310) 926-6662	838
839	Cohen/Tower Health Services	13737 Artesia Boulevard Cerritos, CA 90701	(310) 926-6662	839
840	Cohen/Tower Health Services	13737 Artesia Boulevard Cerritos, CA 90701	(310) 926-6662	840
841	Molina Medical Centers	One Golden Shore Dr. Long Beach, CA 90802	(800) 526-8196	841
842	Molina Medical Centers	One Golden Shore Dr. Long Beach, CA 90802	(800) 526-8196	842
843	Molina Medical Centers	One Golden Shore Dr. Long Beach, CA 90802	(800) 526-8196	843
844	Molina Medical Centers	One Golden Shore Dr. Long Beach, CA 90802	(800) 526-8196	844
845	Molina Medical Centers	One Golden Shore Dr. Long Beach, CA 90802	(800) 526-8196	845
846	Community Prime Care	4380 Otay Valley Rd., Suite 206 Chula Vista, CA 92011	(619) 428-3204	846
847	Foundation Health Plan	333 S. Arroyo Parkway Pasadena, CA 91105	(818) 683-6200	847
848	Sequoia Community Health	2790 South Elm Avenue Fresno, CA 93706	(209) 233-3467	848

PLAN CODE	PLAN NAME	PLAN ADDRESS (MAIN OFFICE)	MEMBERSHIP SERVICES PHONE NUMBER	PLAN CODE
849	California Family Care (No.)	2647 E. 14th Street Oakland, CA 94601-1511	(510) 533-1248	849
850	Foundation Health Plan	333 S. Arroyo Parkway Pasadena, CA 91105	(818) 683-6300	850
851	Foundation Health Plan	333 S. Arroyo Parkway Pasadena, CA 91105	(818) 683-6300	851
852	Family Practice Associates	4205 Fairmont Avenue San Diego, CA 92105	(619) 523-2273	852
853	Center for Elders Independence	1411 E. 31st Street, Ward B2 Oakland, CA 94602	(510) 436-7702	853
854	Sutter Senior Care (PLICM)	2800 L Street Sacramento, CA 95816	(916) 733-8835	854
855	Molina Medical Centers	One Golden Shore Dr., Long Beach, CA 90802	(800) 526-8196	855
856	Crown City Medical Group	2657 E. Washington Blvd. Pasadena, CA 91107	(818) 798-9157	856
857	Molina Medical Centers	One Golden Shore Dr., Long Beach, CA 90802	(800) 526-8196	857
858	Molina Medical Centers	One Golden Shore Dr., Long Beach, CA 90802	(800) 526-8196	858
859	Molina Medical Centers	One Golden Shore Dr., Long Beach, CA 90802	(800) 526-8196	859
860	Molina Medical Centers	One Golden Shore Dr.	(800) 526-8196	860

DEPARTMENT OF HEALTH SERVICES



P.O. BOX 942732

SACRAMENTO, CA 94234-7320
(916) 657-2941

January 10, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No: 93-92

REVISED NOTICES OF ACTION (NOA) LANGUAGE FOR PLASTIC CARD IMPLEMENTATION

We have revised the language in the enclosed NOAs which will be affected by the implementation of the Benefits Identification Card (BIC), commonly referred to as the "Plastic Card". In addition, we revised the NOA language to accommodate the elimination of the MC 177 (Record of Health Care Costs) and to instruct the recipients they are to retain their new plastic ID cards.

The counties are to ensure their NOAs reflect the new language by the time they implement the on-line eligibility verification system. If you need to make any revisions to the language, please discuss your changes with Mr. Gary Varner.

DHS expects that the counties will be able to implement the new language timely, however, if any county will have difficulty in revising these NOAs by the time they are required to implement the BIC system, they must contact Mr. Gary Varner of my staff at (916) 654-5321.

Sincerely,

ORIGINAL SIGNED BY
Glenda Arellano forFrank S. Martucci, Chief
Medi-Cal Eligibility Branch

MEDI-CAL NOTICE OF ACTION
APPLICATION FOR RETROACTIVE
EMERGENCY MEDICAL AND
PREGNANCY-RELATED SERVICES

We have reviewed all the information in your case file which relates to your application for retroactive emergency medical and pregnancy-related services. Our findings are indicated below.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related care means services required to assure the health of the pregnancy woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

() You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy related service for _____.

() Since your income was more than the amount allowed for living expenses, you must pay or obligate to pay a share of the cost of your medical care.

	MONTH 1	MONTH 2	MONTH 3
Gross income	\$ _____	\$ _____	\$ _____
Net Nonexempt income	\$ _____	\$ _____	\$ _____
Maintenance Need	\$ _____	\$ _____	\$ _____
Excess income/Share of Cost	\$ _____	\$ _____	\$ _____

() A plastic Benefits Identification card (BIC) will be sent to you in the mail soon. TAKE THIS PLASTIC CARD TO EACH MEDICAL PROVIDER WHERE YOU RECEIVED SERVICE IN THE ABOVE MONTHS. The amount that you pay or are obligated to pay the medical providers will be automatically computed. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

() You are not entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____ for the following reasons:

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s):

This action does not affect your application for current and continuing Medi-Cal. If you have any questions or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions over the telephone, in writing, or will make an appointment to see you in person.

Eligibility Worker
MC239S

Phone

Date MC239S

**MEDI-CAL NOTICE OF ACTION
BENEFITS RESTRICTED TO
EMERGENCY MEDICAL AND
PREGNANCY-RELATED SERVICES**

Effective _____ you will be eligible for RESTRICTED Medi-Cal benefits that will allow you to receive emergency medical and pregnancy-related services. You will soon receive a plastic Benefits Identification Card (BIC) in the mail. This card is good as long as you are eligible for Medi-Cal. **TAKE THIS CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.**

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 50156 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related care means services required to assure the health of the pregnant woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- () Your application for restricted benefits has been approved.
() Your application for full Medi-Cal benefits is denied. We have granted you, instead, eligibility for emergency medical treatment and pregnancy-related services.

We are taking this action because you are an alien who:

- () Does not have satisfactory immigration status according to information received from the Immigration and Naturalization Service (INS).
() Lacks documentary proof of satisfactory immigration status for Medi-Cal purposes.
() Has been admitted to the United States as a nonimmigrant for a limited period of time.
() Has been legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act for less than five years and you are not blind or disabled, not aged (65 or over), not under 18 years of age, or not a Cuban/Haitian Entrant.
() Since your income was more than the amount allowed for living expenses, you have a share of cost you must pay or obligate to pay toward the costs of medical care received. Your share of cost is \$_____ beginning _____. Your share of cost was computed as follows:

Gross Income	\$ _____
Net Nonexempt income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share of Cost	\$ _____

~~Medi-Cal must be paid with you each time you receive medical care. The amount that~~
you must pay or obligate to pay at the providers will be automatically computed.
After your share of cost has been paid or obligated you will only have to pay your
co-pay for medical services received that month from Medi-Cal providers.

This action is required by Section 14007.5 of the Welfare and Institutions Code and
California Code of Regulations, Title 22, Section(s):

If you have questions about this action or if there are more facts about your
conditions which you have not reported to us, please write or telephone. We will
answer your questions or make an appointment to see you. You must report all changes
in your immigration status to us. A change in status may qualify you to receive full
Medi-Cal benefits rather than just restricted services.

Eligibility Worker

Phone

Date

~~MEDI-CAL NOTICE OF ACTION~~
CHANGE FROM RESTRICTED SERVICES
TO FULL BENEFITS

Effective _____ you are eligible to receive all the services covered by the Medi-Cal Program rather than the services restricted to treatment of an emergency medical condition or pregnancy-related care. This change in benefits results from the fact that:

() You are an alien otherwise eligible for Medi-Cal who has declared satisfactory immigration status for Medi-Cal purposes.

() You are an alien otherwise eligible for Medi-Cal who has provided reasonable evidence of satisfactory immigration status for Medi-Cal purposes.

() You are an alien legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act who has passed your five-year disqualification period after applying for amnesty or you are aged (65 or over), blind, disabled, under age 18, or a Cuban/Haitian Entrant.

ALWAYS PRESENT YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal.

() Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is \$ _____ beginning _____.

Your share of cost was computed as follows:

Gross income	\$ _____
Net nonexempt income	\$ _____
Maintenance Need	\$ _____
Excess income/share of cost	\$ _____

This action is required by the Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Section(s):

Eligibility Worker

Phone

Date

MC 239 Q

~~MEDI-CAL~~
**NOTICE OF ACTION
TRANSITIONAL MEDI-CAL (TMC)
APPROVAL FOR BENEFITS**

TMC IS A PROGRAM THAT PROVIDES CONTINUING MEDI-CAL BENEFITS FOR A MAXIMUM OF 12 MONTHS FOR PERSONS DISCONTINUED FROM AFDC AS A RESULT OF EMPLOYMENT.

() You are eligible for initial TMC for the period _____ through _____.

You will continue to receive TMC during this period if you have an eligible child in the home.

You may be eligible for an additional six-months of TMC at no cost if you:

Return the status report which the county will send you by the 21st day of _____ and be within income limits.

Attach to the status report proof of your family's monthly gross earnings and actual child care costs paid by you. Save all your earnings statements and child care receipts.

Continue to be employed.

Have an eligible child in the home.

() You are eligible for an additional 6 months for the period _____ through _____.

To remain eligible for the additional six-months of TMC, you will be required to complete and return two status reports sent to you by the county during this period. The first report will be due by the 21st day of the first month and the second report will be due by the 21st day of the fourth month of this additional six month period.

Always present your plastic Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50244.

MC 239TMC-1

Phone

Date

~~MEDI-CAL~~

NOTICE OF ACTION
APPROVAL FOR SPECIAL ZERO SHARE-OF-COST
PROGRAM FOR PREGNANT WOMEN AND
BABIES UP TO ONE YEAR OLD

- () Beginning _____, you are eligible to receive limited Medi-Cal services without a share-of-cost under a special program for pregnant women. Under this program, you can receive only pregnancy-related services which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning.
- () You continue to be eligible for benefits with a share-of-cost under the regular Medi-Cal program. Under this program you may also receive medical services not related to your pregnancy.
- () Beginning _____, your baby is eligible to receive Medi-Cal benefits without a share-of-cost under a special program for babies up to one year old. Under this program, the baby's Medi-Cal coverage will provide:
 - () full medical services.
 - () services for treatment of emergency medical conditions.

In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income. You must let your worker know about income and other changes within 10 days to see if you or your baby is still eligible under this program.

You will receive a plastic Benefits Identification card (BIC) in the mail soon. TAKE THIS PLASTIC ID CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

MC239B-2

Phone

Date

~~MEDI-CAL NOTICE OF ACTION~~
APPROVAL FOR 60-DAY POSTPARTUM
PROGRAM AND STATUS OF
OTHER MEDI-CAL BENEFITS

60-DAY Postpartum Program

You are eligible for the 60-day Postpartum Medi-Cal program. This program provides pregnancy-related and family planning services after childbirth, child delivery, or miscarriage. Your eligibility under this program begins _____ and ends _____.

These benefits will be provided whether or not you meet the other eligibility rules (such as property, share of cost, etc). Your Medi-Cal benefits under this program will be limited to postpartum care services only.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon. TAKE THIS PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

Other Medi-Cal Program:

Your eligibility to receive:

- ☐ full Medi-Cal coverage
- ☐ restricted Medi-Cal coverage for treatment of emergency medical conditions
- ☐ will continue.
- ☐ will be discontinued effective the last day of _____.
The reason for this discontinuance is because your pregnancy ended on _____.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50701 (d).

Eligibility Worker _____
1022001

Phone _____

Date _____

~~MEDI-CAL~~
NOTICE OF ACTION
APPROVAL FOR THE
133 PERCENT (%) PROGRAM

Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits without a share of cost under the 133% program for children from one to six years of age. Under this program, the child's Medi-Cal benefits will provide:

- () Full Medi-Cal benefits.
- () Restricted Medi-Cal benefits (services for treatment of emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements. You must let your worker know about any changes within 10 days to see if your child(ren) is still eligible under this program.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon. TAKE THIS PLASTIC ID CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulations which require this action is California Code of Regulations, Title 22, Section 50262.5.

Eligibility Worker

Phone

Date

MC 239B-6

~~MEDI-CAL~~

NOTICE OF ACTION

APPROVAL FOR THE 100 PERCENT (%) PROGRAM

Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits without a share of cost under the 100% Program for children who are at least six years of age and were born after 9/30/83. -

You will receive a plastic Benefits Identification Card (BIC) in the mail soon for each eligible child. TAKE THIS PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOUR CHILD(REN) NEEDS CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

Under this program, Medi-Cal will provide:

() Full Medi-Cal benefits.

() Restricted Medi-Cal benefits (emergency and pregnancy-related services only).

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.6.

Eligibility Worker
MC 239H

Phone

Date

~~MEDI-CAL~~
NOTICE OF ACTION
TRANSITIONAL MEDI-CAL (TMC)
DENIAL OR DISCONTINUANCE OF BENEFITS

- ☐ Your benefits under TMC will be discontinued effective the last day of _____.
- ☐ Eligibility for benefits under the initial TMC program ends _____ because:
- ☐ There is no longer a child in the home.
 - ☐ Other:
- ☐ Eligibility for benefits for the additional TMC program ends because:
- ☐ There is no longer a child in the home.
 - ☐ You failed to return a completed status report.
 - ☐ Your family's gross average earnings (less child care costs) exceed the limit.
 - ☐ The caretaker relative or principal wage earner is no longer employed.
 - ☐ Other:
- ☐ You are not eligible for:
- ☐ Additional TMC
 - ☐ Any other Medi-Cal program

Here is the reason:

- ☐ You will receive a separate notice about your eligibility for the regular Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC ID CARD. You can use it again if you become eligible for Medi-Cal in the near future.

The regulations which require this action is California Code of Regulations, Title 22, Section 50244.

Eligibility Worker
MC 239TMC-2

Phone

Date

MEDI-CAL
NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS
STATUS REPORT NOT RECEIVED OR NOT COMPLETED

() Your eligibility to receive Medi-Cal will be discontinued effective the last day of _____.

Here's why:

The reason for this discontinuance is you did not give us the information necessary to continue your eligibility when it was needed. Your completed Medi-Cal Status Report for the month of _____ was not received by the date it was due.

() Your Medi-Cal Status Report for the month of _____ has been received; however, it was not complete. You will not get Medi-Cal benefits effective the last day of _____. However, if you send us the following information by _____ your Medi-Cal eligibility may be restored.

Please send us:

DO NOT THROW YOUR PLASTIC ID CARD AWAY. you can use it again if you become eligible for Medi-Cal in the near future.

The regulations which require this action are California Code of Regulations, Title 22, Section: 50175 and 50191.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time.

Eligibility Worker

Phone

Date

MC 239I

~~MEDI-CAL~~
**NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS
UNDER THE SPECIAL ZERO SHARE-OF-COST
PROGRAM FOR PREGNANT WOMEN AND BABIES
AND/OR MEDICALLY INDIGENT PROGRAM**

A special program for pregnant women and babies up to one year old provides, at no share-of-cost, pregnancy-related services and postpartum care to women, and medical care to babies under one year of age. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program.

- () When pregnancy ends, coverage under this program continues for 60 days and ends on the last day of the month in which the 60th day falls. Since you are no longer pregnant, your eligibility for Medi-Cal under this special program ends _____.
- () This does not affect your eligibility under the regular Medi-Cal program. You continue to be eligible for those benefits with a share-of-cost.
- () Your eligibility to regular Medi-Cal with a share-of-cost under the Medically Indigent program ends _____ as you are no longer pregnant.
- () Eligibility for benefits under the special program ends _____ because your or your family's income is over the limits for this program. You continue to be eligible for Medi-Cal with a share-of-cost under another program. You will receive a separate notice about your change in share-of-cost.
- () Your baby's eligibility for benefits under the special program ends _____ because he/she is over one year old. Your baby may be eligible for benefits under the regular Medi-Cal program with a share-of-cost. If there are changes in the share-of-cost, you will receive a separate notice about it.

DO NOT THROW AWAY YOUR PLASTIC ID CARD. You can use it again under another regular Medi-Cal program even if you have a share-of-cost.

IMPORTANT: If your baby was hospitalized before his/her first birthday and continues to be in the hospital after the age of one year, he/she may continue to be eligible for benefits at no share-of-cost, under the Special Zero Share-Of-Cost program. You must tell your worker about this right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260, 50262, and 50701(d).

Eligibility Worker _____

Phone _____

Date _____

**MEDI-CAL
NOTICE OF ACTION
APPROVAL OF BENEFITS**

Your application for Medi-Cal benefits has been approved.

() You are entitled to receive Medi-Cal benefits beginning the first day of _____. You will receive your plastic Benefits Identification Card (BIC) soon. Do not throw this card away. This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

() Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is \$ _____ beginning _____. Your share of cost was computed as follows: _

Gross income	\$ _____
Net Nonexempt income	\$ _____
Maintenance Need	\$ _____
Excess income/share of cost	\$ _____

Take your plastic card with you each time you receive medical care. The amount that you pay or obligate at the medical providers will be automatically computed. After your total share of cost has been paid or obligated you will not have to pay for medical services received that month from Medi-Cal providers other than the co-pay.

() A plastic Benefits Identification Card will be mailed to you at the long-term care facility. Do not throw this card away. It is good as long as you are eligible for Medi-Cal benefits. You must pay or obligate your share of cost to the facility each month.

The regulations which require this action are California Administrative Code, Title 22, Section(s):

(Eligibility Worker)

Phone

Date

~~MEDI-CAL~~
**NOTICE OF ACTION
APPLICATION FOR RETROACTIVE
ELIGIBILITY**

We have reviewed all information available to us about your circumstances and find that:

() Effective _____, you are eligible for full Medi-Cal benefits. A plastic Medi-Cal Benefits Identification Card (BIC) will be mailed to you soon. **TAKE THIS PLASTIC CARD TO EACH MEDICAL PROVIDER WHERE YOU RECEIVED SERVICE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.**

() Because your income was more than the amount allowed for living expenses, you must pay or obligate to pay the following share of cost toward the cost of medical care received:

\$ _____ for _____
\$ _____ for _____
\$ _____ for _____

Take your plastic card to each medical provider where you received service in the above months. The amount that you pay or are obligated to pay the medical providers will be automatically computed.

() You are not eligible for full Medi-Cal benefits for the month of _____ because:

The regulations which require this action are California Administrative Code, Title 22, Section(s):

This action does not affect your application for current and continuing Medi-Cal. If you have any questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you.

Eligibility Worker Phone Number Date

MC239D

**MEDI-CAL
NOTICE OF ACTION
CHANGE IN SHARE OF COST**

Your share of cost has been changed to \$ _____ per month
beginning _____ because:

Your new share of cost was determined as follows:

Monthly gross income	\$ _____
Monthly Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess income/share of cost	\$ _____

The regulations which require this action are California Code of Regulations, Title 22, Section(s):

TAKE YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you.

Eligibility Worker

Phone

Date

MC 239C-M